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PTQ/88/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CRF 1.135(a) Docket Number (Optional) 013341-000014				
	In re Application of: Andrew Kaplan			
•	Application Number 10/065,256 Filed September 30, 2002		ber 30, 2002	
	For Suture Method	.		
	Group Art Unit 3765	Examiner Jul	ian W. Web	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.				
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
One month (37 CFR 1.17(s)(1))				
X Two months (37 CFR 1.	1.17(e)(2)) \$ <u>450.00</u>			
Three months (37 CFR 1.17(a)(3))			.	
Four months (37 CFR 1.17(a)(4))				
Five months (37 CFR 1.17(a)(5)) \$				
Applicant claims small entity status. See 37 CPR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is:				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
The Commissioner is hereby authorized to charge any feas which may be required, or credit any overpayment, to Deposit Account Number 13-4367 I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor				
essignes of record of the entire interest. See 37 CRF 3.71. Statement under 37 CRR 3.73(b) is enclosed. (Form PTC/SB/96).				
X attorney or ag	x attorney or agent of record.			
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)				
WARNING: Information on this form may become public. Credit card information input be backed on this form. Provide credit card information and authorization on PTO-2039. Signature				
August 29, 2005 Date Michael G. Johnston Typed or Pfinted Name				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.				
X Total of torms are submitted.				
urden Hour Statement: This form is estimate	of to take 0,1 hours to complete. Time will vary de	ending upon the needs of	the individual case. Any	

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Total of 2					
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